

Vendor Form Instructions

1. Print Clearly
2. Fill out form completely
3. Don't send this page
4. Don't fax form *(unless told to do so for urgent issues.)*
5. Send original ~ Send to Agency requesting information

<u>FIELDS</u>	<u>INFO NEEDED FOR FIELD</u>
Boxes above Provider #	Please check mark all that apply to the vendor. If other, please specify. If it's a new vendor only one will apply: "New Vendor"
Provider #	Enter Provider #. One Provider number per a form.
Social Security Number	Individuals, individuals "doing business as", and individuals without a Federal Taxpayer ID #. Use if not using EIN
Taxpayer ID Number*	Businesses or professionals providing services.
	<u>REMITTANCE ADDRESS</u>
New	Current Information
Old	Old information (If another ID# had been used please put it next to "OLD")
Name	Individual's Name or Business Name. ONLY ONE name per a form.
DBA or C/O	"Doing business as" or "In Care Of"
Address	REMITTANCE ADDRESS - Street Address OR PO Box (one or the other)
Tel #	Phone Number of individual or business
	<u>PHYSICAL ADDRESS</u>
New	Current Information
Old	Old information
Name	Individual's Name or Business Name. ONLY ONE name per a form.
DBA or C/O	"Doing business as" or "In Care Of"
Address	PHYSICAL ADDRESS - Street Address (include Apt, Ste, fl, or other #s) City, State, & Zip
Tel #	Phone Number of individual or business
	<u>SUBMITTED BY</u>
Signature	Individual or authorized representative of individual or authorized representative of the business
Printed Name/Title	Printed Name of person who signed and their title.
Date	Current Date (no more than 3 months old)
	<u>AGENCY OFFICE USE</u>
Contact Person Name & Title	Name of person at agency to contact for questions regarding this vendor. And their title.
Phone	Contact Phone number
Date Sent to MFASIS	Date sent to be added to MFASIS system
MFASIS OK	
File Type	